HIV/AIDS Education Project

Iowa HIV

TRAINING & EDUCATION NEEDS ASSESSMENT:

2000-01 Survey for Elementary Schools

Prepared for:
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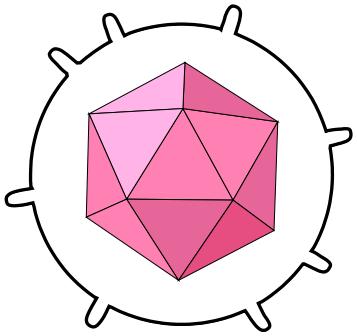

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Iowa HIV Training and Education Needs Assessment:

2000-01 Survey for Elementary Schools

A *needs assessment* has been defined as "the process of determining, analyzing, and prioritizing needs and, in turn, identifying and implementing solution strategies to resolve high-priority needs" (Altschuld & Witkin, 2000). In 2000 we began work on a needs assessment in the area of HIV training and education for elementary schools. This utilized the survey instrument developed for determining and analyzing HIV training needs in middle and high schools. This instrument was modified to address the concerns of the elementary schools. The processes of prioritizing these needs and identifying/implementing solution strategies to resolve those of high priority will be addressed in a later study, which will include a summary of the results of this needs assessment and the one for secondary schools (Veale, 2000).

Methodology

1. The Instrument

The instrument used in conducting the 2000-01 Iowa HIV training/education needs assessment for elementary schools was developed by the author and Sara Peterson, HIV/AIDS Education Project at the Iowa Department of Education, in consultation with elementary health educators and collaborative services program staff working with student health issues in Des Moines. The instrument we used in 1999-2000 for the HIV needs assessment in secondary schools served as a natural starting point. In November of 2000, we met with elementary health educators and collaborative services program staff working with student health issues to determine how this instrument needed to be modified to address the particular concerns of elementary school health teachers. The resulting 2000-01 Iowa HIV training/education needs assessment instrument for elementary schools consisted of 26 questions. It is presented in Appendix A.[1]

2. Sampling Procedure

Schools were selected for the HIV needs assessment using systematic equal probability sampling with a random start. *PCSchool*, software provided by Westat, Inc., was used to select the sample of 328 from a sampling frame consisting of the 845 elementary schools in Iowa. Five of the 328 schools selected were found to be ineligible for various reasons. This yielded a total possible sample size of 323.

The superintendents and principals in the schools sampled were then contacted. A cover letter was sent to each, along with a copy of the survey. The principal was asked to select one lead health education teacher (LHET) to complete the survey in the school. This was intended to be someone who was in charge of health education in the school. In some cases, the survey was apparently copied and multiple surveys were completed for a school. (See the section on "Handling Multiple Surveys per School" on p. 2.)

[1] The instrument used in the initial mailing unfortunately contained some minor typos (e.g., wrong year in the title and the letter "b" for choices in question 21 that should have been "c," "d," etc.). These errors were judged to have no effect on the ability of respondents to complete the instrument or on the accuracy of the data entry and were corrected for later mailings. The corrected version is presented in Appendix A.

Usable data were received from 195 out of 323 eligible sampled schools. This yielded a response rate for the HIV needs assessment survey of 60.4%. This response rate was below the minimum (70%) set by the CDC for making inferences about the populations sampled using simple random (or systematic random) sampling. However, it was slightly above the 60% minimum set by the CDC for surveys in which more complex sampling procedures are used (e.g., the Youth Risk Behavior Survey). The data can be used to describe the sample, which comprises just under one-quarter of the population of elementary schools in Iowa.

3. Data Analysis

The primary focus in data analysis is the estimation of population parameters, namely the proportion of lead health education teachers (LHETs) who indicated various health education attributes and needs assessed in the questionnaires or mean score on some quantitative assessment. In addition, an item analysis was conducted to examine the internal consistency reliability of the sub-items of Question 9, which may be used together to determine a measure of "comfort" with various HIV-related topics. *ABstat* (Anderson-Bell Corp) was used for data entry, count distributions, and descriptive statistics (means and standard deviations). *Number Cruncher* (NCSS, Dr. Jerry Hintze) was employed for the item analysis.

The count distributions reported via *ABstat*, which included the actual counts, percentages (%) based on the total number of records (usable surveys), *adjusted* percentages (adj%) based on the number of actual responses to each question, and bar graphs (constructed using asterisks (*) to represent the adjusted percentages), are presented in Appendix B. Adjusted percentages ignoring the "blank responses" (those omitting the question) are cited in the text, since we feel that they best reflect the sample on each question. The distributions over answer choices are presented for each question in descending order by adjusted percentage. This enables one to see at a glance which answer choices were the most frequently selected for each item, based on those who responded in some way to the question.

4. Handling Multiple Surveys per School

As mentioned above, there were some schools responding with more than one survey. For example, one school had their 4th, 5th, and 6th grade health teachers complete the survey, while another had a teacher from each grade (K-6) complete the survey. Entering each of these as a separate survey would give too much weight to these schools and vitiate the equal representation provided by the random sampling process. The following procedure was employed to handle multiple responses per school:

1. "All-that-apply" questions (where more than one answer choice may be selected by a respondent): Enter all responses selected by the multiple respondents. For example, in the case of two respondents in a school, if one respondent selected "a," "b," and "c" in Question 1 and the other selected "c" and "d," we would enter "a," "b," "c," and "d" as the single "response" for this school on this question.

2. Numeric scale questions (Questions 9, 22B, and 25 (part d)): Enter the average (arithmetic mean) of the multiple responses for each of these items. For example, in the school with the two respondents, if one selected 4 (Very Comfortable) and the other selected 3 in Question 9a, we would enter 3.50 (= (4 + 3)/2) as the single "response" for this school on this question.

3. Multiple-choice questions (where only one answer choice may be selected by a respondent): Enter the mode or most frequently selected response. For example, in the case of three respondents in a school, if two selected "a" (Yes) in Question 15,

while one selected "b" (No), we would enter "a" (Yes) as the single "response" for this school on this question.

[Exception to Rule 3: In Question 10 regarding training received during the past two years, we entered "a" (Yes) if *at least one respondent selected it*. The rationale for this exception is that if someone, even just one person, in the school received HIV training, this should be recorded as a positive response to this question by this school. Moreover, in this case, Questions 10B and 10C would be answered by this person(s) and their response(s) would be entered for these questions.]

The above rules or procedures enabled us to utilize all of the data, while maintaining the "one school, one response" concept needed for the type of sampling utilized in this study.

Results: Determining the HIV Training/Education Needs

1. HIV Prevention Education

Section 1 consists of the following questions regarding HIV prevention education.

Question 1: What materials do you use in teaching students about HIV prevention education? (Check all that apply.)

Of the 180 LHETs responding to this question, 86 or 47.8% selected "Teacher-developed curriculum." This was followed by "Prevention skills" and "Other," each with 71 responses or 39.4%. The responses written in by those selecting "Other" included "books and pamphlets," "videos," "body safety," and "Weekly Reader," *inter alia*.

Question 2: In which of the following *basic facts areas* have you provided information or education? (Check all that apply.)

Of the 175 LHETs responding to this question, the most frequently selected choice was "Facts about HIV and HIV prevention methods" (156 or 89.1%), followed by "Injection drug use and HIV" (124 or 70.9%) and "HIV and the use of alcohol or other drugs" (96 or 54.9%).

Question 3: In which of the following *skill areas* have you provided information or education? (Check all that apply.)

Of the 179 LHETs responding to this question, "Communication skills about love, respect, and responsibility" was the most frequently selected with 140 responses or 78.2%, followed by "Handling risky situations" (127 or 70.9%), "Talking with parents" (121 or 67.6%), and "Nonverbal skills ..." (92 or 51.4%).

Question 4: In which of the following *attitudinal areas* have you provided information or education? (Check all that apply.)

Of the 155 LHETs responding to this question, "Compassion and support for people living with HIV/AIDS" was the most frequently selected with 112 responses or 72.3%. This was followed by "Realistic portrayal of the health and lifestyle impact of AIDS" and "Realistic portrayal of the long-term impact ..." selected by 75 (48.4%) and 64 (41.3%) of LHETs, respectively.

Question 5: Were you able to complete the entire HIV sessions?

Of the 173 LHETs responding to this question, 93 or 53.8% indicated that they were able to complete the HIV sessions, while another 51 or 29.5% indicated that HIV was "infused into one or more subject areas."

Among the 43 who responded to the follow-up question, the most frequently cited reason for not completing the sessions was "Other" (19 or 44.2%), including "not required by district" and "not appropriate for this age level." This was followed by "Lack of time due to workload" (18 or 41.9%) and "Scheduling difficulties" (17 or 39.5%).

Question 6: What teaching strategies or classroom activities do you use? (Check all that apply.)

Of the 179 LHETs responding to this question, "Lecture" was selected most frequently with 157 responses or 87.7%, followed by "Discussion" (144 or 80.4%).

Question 7: Are your HIV sessions adapted for students with special needs?

Of the 163 LHETs responding to this question, 88 or 54.0% responded affirmatively. The responses to the follow-up question regarding how the HIV sessions were adapted for these students included "one-on-one help with reading assignments," "involve Spec. Ed. teachers and (materials are) individually modified," "highlight and color code information," and "readings are read aloud ... a lot of group work," *inter alia*.

Question 8: What methods do you use to help your students become more experienced in *risk reduction skills*? (Check all that apply.)

Of the 164 LHETs responding to this question, "Group processing" was selected most frequently with 108 responses or 65.9%, followed by "Role playing" (81 or 49.4%) and "Skills practice" (68 or 41.5%).

Question 9: How comfortable are you in discussing or teaching about the following age appropriate HIV/AIDS topics with your students? (Circle ONE response for each topic listed.)

This question included 14 topics that relate to HIV/AIDS, such as basic facts and statistics about STDs and HIV, sexual behaviors that transmit STDs and HIV, injection drug use behaviors that transmit HIV, basic facts about condoms, support and compassion for persons living with HIV/AIDS, gender orientation issues, etc. The responses constituted a numeric rating scale: "Very Uncomfortable" (1), "Somewhat Uncomfortable" (2), "Somewhat Comfortable" (3), and "Very Comfortable" (4). A total score was computed and an "item analysis" conducted. Each of the 14 items had a correlation with the total score (omitting the item in question) that exceeded .65 — except for "Gender orientation issues" (.566). The Cronbach's alpha was 0.954, indicating excellent overall internal consistency reliability for this 14 item scale.

The means for the sub-items ranged from 2.361 ("Basic facts about condoms") and 2.392 ("Gender orientation issues") to 3.388 ("Support and compassion for persons living with HIV/AIDS"), 3.348 ("Other HIV risk behaviors ..."), and 3.347 ("Basic facts and statistics about STDs and HIV"). Thus, on these critical HIV-related topics, there was an average comfort level ranging roughly from "Somewhat Uncomfortable" (on basic facts about condoms and gender orientation issues) to "Somewhat Comfortable" (on support and compassion for people living with HIV/AIDS, other HIV risk behaviors, and basic facts and statistics about STDs and HIV). (See Table 1.)

Table 1: Summary statistics for Question 9 concerning comfort level of LHETs with various HIV-related topics

Sub-item (topic description)	N	Mean	Standard Deviation
a (basic facts/statistics about STDs/HIV)	181	3.347	0.927
b (basic information about prevention)	180	3.254	0.951
c (sexual behaviors that transmit disease)	177	2.743	1.002
d (injection drug use that transmits disease)	179	3.282	0.966
e (other HIV risk behaviors)	181	3.348	0.952
f (basic facts about sexual abstinence)	176	2.984	1.067
g (communicating with parents)	183	3.273	0.955
h (use of local health clinics)	179	3.016	0.987
i (basic facts about condoms)	172	2.361	1.070
j (influence of alcohol and other drugs on unwanted/unprotected sex)	176	2.860	1.098
k (HIV counseling and testing)	175	2.808	1.035
l (support and compassion for people living with HIV/AIDS)	182	3.388	0.895
m (health/lifestyle impact of AIDS)	178	3.136	0.962
n (gender orientation issues)	174	2.392	1.008

2. HIV Training Needs

Section 2 consists of the following questions regarding HIV training needs.

Question 10: Have you received any HIV training during the past two years?

Of the 192 LHETs responding to this question, only 47 or 24.5% responded affirmatively. Of the 56 who responded to the follow-up question regarding the type of training they had received,[2] "Basic Facts" was most frequently selected with 25 responses or 48.1%. This was followed by "Other," including "nursing conferences," "workshops, updated literature," and "inservice provided by school." Fifty-two responded to a second follow-up question regarding who provided the training. Of these, the most frequently selected was "local school district," with 26 responses or 50%.

[2] This included a few (10) who responded to this question but did not answer "Yes" to the previous question. In some cases a respondent who answered "No" in part A might have recalled training they received when prompted with the choices in part B, but then failed to go back and correct their response to A. We feel it is appropriate in needs assessments to include all responses to such conditional questions. Although we risk including some data that is erroneously provided, we did not want to ignore data that could reflect truthful assessments.

Question 11: In which of the following *basic facts areas* do you need more training? (Check all that apply.)

Of the 140 responding to this question, the most frequently selected basic facts areas was "Facts about HIV and HIV prevention" (85 or 60.7%), followed by "HIV and the use of alcohol and other drugs" (71 or 50.7%) and "Injection drug use and HIV" (68 or 48.6%).

Question 12: In which of the following *skill areas* do you need more training? (Check all that apply.)

Of the 151 responding to this question, the most frequently selected skill areas were "Handling risky situations" (97 or 64.2%), "Nonverbal skills used for refusing inappropriate touch" (81 or 53.6%), and "Use of local health clinics" (77 or 51.0%).

Question 13: In which of the following *attitudinal areas* do you need more training? (Check all that apply.)

Of the 143 responding to this question, the most frequently selected attitudinal areas were "Gender orientation issues" (102 or 71.3%), "Realistic portrayal of the health and lifestyle impact of AIDS" (86 or 60.1%), and "Realistic portrayal of the long-term impact ..." (77 or 53.8%).

Question 14: How far would you be willing to travel for this training?

Of the 167 responding to this question, most selected "No more than 50 miles" (124 or 74.3%). However, another 34 or 20.4% were willing to travel "No more than 100 miles." (Presumably, the former would be willing to travel up to 50 miles and the latter up to 100 miles.)

3. Parental Involvement in HIV/AIDS Prevention Education

Section 3 consists of the following questions regarding parental involvement in HIV/AIDS prevention education.

Question 15: Are parental permission letters sent out prior to teaching the HIV/AIDS unit?

Of the 173 LHETs responding to this question, 92 or 53.2% responded affirmatively.

Question 16: Are parents involved in the lessons on HIV/AIDS (e.g., via family assignments)?

Of the178 LHETs responding to this question, only 27 or 15.2% responded affirmatively.

Question 17: Do you provide information about HIV/AIDS to parents (e.g., pamphlets or newsletters)?

Of the 178 LHETs responding to this question, just 50 or 28.1% responded affirmatively.

4. Background Information

Section 4 consists of the following questions concerning background information on the LHETs.

Question 18: Are you responsible for teaching the entire health curriculum or individual components of the curriculum?

Of the 154 LHETs responding to this question, 89 or 57.8% indicated they were responsible for teaching the entire health curriculum.

Question 19: What is your professional background area?

Of the 185 LHETs responding to this question, the most frequently selected background areas was nursing (87 or 47.0%). This was followed by "Other" with 47 responses or 25.4%. Most of these wrote in "elementary" or "primary" teacher/education; others indicated "special education, elementary K-6," "math," and "art," *inter alia*.

Question 20: How long have you been teaching HIV/AIDS?

Of the 168 LHETs responding to this question, about half (83 or 49.4%) indicated they had been teaching HIV/AIDS for more than 5 years and just under one-quarter (40 or 23.8%) indicated they had been involved in HIV/AIDS education for 3-5 years.

Question 21: A. What grade level are you teaching HIV/AIDS? (Check all that apply.)

Of the 163 LHETs responding, 101 or 62.0% said they were teaching HIV/AIDS in Grade 5, while 69 or 42.3% said they were teaching it in Grade 6. Approximately one in five LHETs indicated they were teaching HIV/AIDS in each of Grades 1, 2 or 3.

Question 21: B. At what grade level does HIV education begin in your school?

Of the 139 LHETs responding, about one-third (47 or 33.8%) said it began in Grade 5, about one-fifth (28 or 20.1%) indicated it began in Grade 4, while just under one-fifth (27 or 19.4%) said HIV education began in Grade 1.

Question 22: How long do you spend on HIV? (Please check one.)

Of the 157 LHETs responding to this question, 91 (58.0%) indicated they were spending 2-4 class sessions and 54 (34.4%) indicated they were spending just a single class session on HIV.

Question 23: Have HIV materials and information you are using been approved or adopted by the local school board? (Check one.)

Of the167 LHETs responding to this question, 77 (46.1%) responded affirmatively. Omitting the 52 who selected "Don't know," 67.0% responded "Yes" and 33.0% "No."

Question 24: What sources do you use to determine the health needs of your students? (Check all that apply.)

Of the 165 LHETs responding to this question, "Conversations with students" was most frequently selected (134 or 81.2%) followed by "Information from counselors" (109 or 66.1%).

Question 25: Approximately what percent of your students choose to opt out of your class or have an alternative program?

Of the 161 LHETs responding to this question, nearly two-thirds indicated that none opted out (106 or 65.8%), and just under one-third said "1-2%" opted out (52 or 32.3%). (None selected "More than 5%.")

5. Summary Question

At the end of Section 4 was the following summary question.

Question 26: How is the emphasis of the HIV sessions you are using and your teaching style divided between information dissemination and skills development? (Check one.)

The choices ranged from "Information only" to "Mostly skills and practice." Nearly two-thirds of the 155 LHETs responding to this question indicated they were using "Mostly information" (102 or 65.8%). This was followed by "Information only" and "Equally divided" (between information and skills/practice), each with 26 responses or 16.8%.

Discussion: Analyzing the HIV Training/Education Needs

In this section we will focus on analyzing the HIV training and education needs of the elementary schools in Iowa, based on the results summarized in the previous section. The analysis consists of four components, as follows:

- comparison of the results of Questions 2, 3, and 4 with Questions 11, 12, and 13, respectively;
- results from Question 9 on "comfort" level with various HIV-related topics;
- results on Questions 15-17 dealing with parental involvement in HIV prevention education;
- results on Question 26 regarding the emphasis on information versus skills and practice.

1. Comparison: Topics on which Information/Education is Provided and Topics on which Training is Needed

The approach to needs assessment analysis used in this component is similar to "discrepancy analysis" where two types of responses are compared — *what is* (being done) and *what should be* (or is required or desired) (Altschuld & Witkin, 2000). In our survey, the "what is" concerning HIV prevention education was measured in Questions 2,3, and 4, while the "what should be (is required, desired)" was measured in Questions 11, 12, and 13. It was assumed that if the respondent indicated that training was needed in a particular area that this was either "required" or "desired" by the respondent to help them to deliver that information, develop that skill, or foster that attitude in the students.

Comparing the results of Question 2 with those of Question 11, there were three topics most frequently selected in each: "Facts about HIV and HIV prevention," "Injection drug use and HIV," and "HIV and the use of alcohol and other drugs." This probably indicates a need for updates in these basic facts areas.

Comparing the results of Question 3 with those of Question 12, "Communication skills ..." and "Talking with parents" were frequently selected in the former but not in the latter, indicating they felt they were already sufficiently knowledgeable about those skill areas. On the other hand, "Handling high risk situations," and "Nonverbal skills used for refusing inappropriate touch" were frequently selected on both questions. This probably indicates a need for updates in these areas. A different prescription was indicated with regard to "Use of local health clinics," which

was frequently selected as an area in which training was needed, but on which few were currently providing information or education. This is a skill area in which there is an indication of a need for more comprehensive training.

Comparing the results of Question 4 with those of Question 13, "Compassion and support for people living with HIV/AIDS" was most often selected in the former but infrequently in the latter, indicating that the LHETs felt they were already sufficiently knowledgeable about this attitudinal area. On the other hand, "Realistic portrayal of the health and lifestyle impact of AIDS" and "Realistic portrayal of the long-term impact ..." were fairly frequently selected on both questions. This probably indicates a need for updates in these areas. A different prescription was indicated in regard to "Gender orientation issues," which was the most frequently selected as an area in which training was needed (but on which relatively few were currently providing information or education). This is an attitudinal area in which there is an indication of a need for more comprehensive training.

Finally, at least one respondent (a school nurse) viewed the completion of this survey as a learning experience. This person commented: "*This (survey) has shown me that we probably could do so much more*." This statement indicated a discrepancy between what is presently being done in that school and what could be done — in the area of HIV/AIDS prevention education. Hopefully, each respondent gained some information from the survey that they can use to direct and enhance their HIV education programs.

2. Comfort Level Regarding HIV-related Topics

The numeric value 2.5 may be interpreted as the midpoint of this comfort scale — midway between "Somewhat uncomfortable" (2) and "Somewhat comfortable" (3). The only two sub-items in Question 9 that had mean scores less than 2.5 were "Basic facts about condoms" and "Gender orientation issues." These are two of the more sensitive issues related to HIV prevention and education. There is a need to raise the comfort level of the lead health education teachers on these topics. (See Table 1 for the summary statistics, p. 5.)

3. Parental Involvement in HIV Prevention Education

Over half of the responding LHETs indicated they sent permission letters to parents prior to teaching the HIV/AIDS unit. This is evidence of at least passive involvement by parents of elementary school students in decisions involving what schools may teach their children concerning this serious health risk.

On the other hand, just over one in four elementary school LHETs indicated they provided parents with information about HIV/AIDS and only about one in six indicated parents were involved in lessons on HIV/AIDS (such as family assignments). Parent or family involvement is viewed as an important factor in education (e.g., Senge et al, 2000). The parent is considered one of the three primary components of the "system" that constitutes a learning classroom and school (ibid.). This applies to HIV education as with other more traditional subjects taught in the classroom. Moreover, the National Coalition for Parent Involvement in Education (1992) recommended a "comprehensive reciprocal approach to family-school partnerships" incorporating the following:

- parents and schools as communicators;
- parents and schools as supporters;
- parents and schools as learners;

- parents and schools as teachers;
- parents and schools in shared governance.

All three of the questions in the section on parent involvement in HIV prevention education fall into some or all of these conceptual categories. Parental involvement in HIV prevention education is an area in which there is a need for improvement.

4. Emphasis on Information Dissemination versus Skills Development in the HIV Sessions and Teaching Style

Most LHETs (nearly two-thirds) indicated the HIV sessions and teaching style they were using emphasized mostly information dissemination (as opposed to skills and practice). Since a current priority of the Centers for Disease Control and Prevention (CDC) is on increasing skills development and practice in HIV prevention, there is some evidence of need for improvement in this area.

Discussion: Prioritizing the HIV Training/Education Needs

There are a variety of approaches that have been suggested for setting priorities for needs that have been determined and analyzed (Altschuld & Witkin, 2000). Two promising approaches for prioritizing HIV training/education needs are (1) Sork's approach using importance and feasibility criteria (Sork, 1995) and (2) a risk assessment approach.

Sork's approach given in Altschuld and Witkin (2000) utilizes the following importance criteria:

- number of individuals affected (by the need);
- contribution (of resolving the need) to organizational goals;
- degree to which immediate attention required (to resolve the need);
- magnitude of discrepancy (between "what is" and "what should be");
- effect of resolving the need on other areas;

and the following feasibility criteria:

- educational intervention contributes to reducing or resolving the need;
- availability of resources for programs to reduce or resolve the need;
- commitment or willingness of organization(s) to change.

Each of these components is rated on a 1-5 scale, with larger values indicating greater importance or feasibility. Some components may be given greater weight than others. Weighted sums and means may be obtained for each assessor and then averaged over them.

The risk assessment criteria given by Altschuld and Witkin (2000) are as follows:

- Is the need really worth the effort?

- What are the short-term negative economic consequences for the organization of not attending to the need?
- What are the long-term negative economic consequences for the organization of not attending to the need?
- Will the risk increase with the passage of time?
- Will new developments reduce the risk?
- What are the short-term negative political consequences of not attending to the need?
- What are the long-term negative political consequences of not attending to the need?
- Will our competitors be in a stronger position if we do not attend to the need?
- Will attending to the need be disruptive to internal operation of the organization?
- Will the culture of the organization preclude the ability to adjust and buy into the changes necessary to resolve the need?

As with Sork's approach, each component is rated on a 1-5 scale, with larger values indicating greater risk (higher priority need). Also, numbers may be assigned to each question to give greater weight to some components than to others. Weighted sums and means may be obtained for each assessor and then averaged over them. According to Altschuld and Witkin (2000, pp. 129-130), this approach may be useful for needs prioritization in the area of HIV/AIDS. However, they indicated that it has seen little application in any area to date, while Sork's approach seems applicable to a variety of situations.

An informal prioritization of HIV training/education needs was conducted prior to the needs analysis, in consultation with Sara Peterson, HIV/AIDS consultant in the Iowa Department of Education. This yielded the four components of the analysis presented in the previous section. A more formal prioritization should be conducted using Sork's approach, risk assessment, or some other approach by a needs assessment committee. The same group that met to plan and develop the needs assessment goals and objectives can be used to prioritize needs. This is planned as part of a follow-up to this report and as a precursor to developing strategies for taking action to reduce or resolve these needs ("post-assessment"). Recommendations for action will be presented in a report to be completed in 2002 that will also include a summary of the results of this needs assessment and the one for secondary schools conducted in 1999-2000.

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APPENDIX A

2000-01 Iowa HIV Training/Education Needs Assessment Instrument

2001 Iowa HIV Training/Education Needs Assessment

Elementary Schools

In order to assess the training and/or education needs of lead health education teachers in the area of HIV prevention education, we request that you answer the following questions.

School Name: _____ Survey ID: _____

Section 1: *HIV prevention education*

1. What materials do you use in teaching students about HIV prevention education? (Check all that apply.)
   - __ a. Act Smart
   - __ b. Basic Facts
   - __ c. Prevention Skills (e.g., verbal and nonverbal skills for risky situations)
   - __ d. Teacher-developed materials
   - __ e. District-developed materials
   - __ f. Other (please write in): _____

Answer questions 2-6 concerning HIV prevention education in your school.

2. In which of the following *basic facts areas* have you provided information or education? (Check all that apply.)
   - __ a. Facts about HIV and HIV prevention
   - __ b. Injection drug use and HIV
   - __ c. HIV and the use of alcohol and other drugs
   - __ d. Facts about sexual abstinence
   - __ e. Other (please specify): _____

3. In which of the following *skill areas* have you provided information or education? (Check all that apply.)
   - __ a. Communication skills about love, respect, and responsibility
   - __ b. Talking with parents
   - __ c. Nonverbal skills used for refusing inappropriate touch
   - __ d. Handling risky situations
   - __ e. Use of local health clinics
   - __ f. Other (please specify): _____

4. In which of the following *attitudinal areas* have you provided information or education? (Check all that apply.)
   - __ a. Compassion and support for people living with HIV/AIDS
   - __ b. Realistic portrayal of the health and lifestyle impact of AIDS
   - __ c. Realistic portrayal of the long-term impact (e.g., completing school, career choices) of teenage pregnancy
   - __ d. Gender orientation issues
   - __ e. Other (please specify): _____

5. A. Were you able to complete the HIV sessions?
   - __ a. Yes
   - __ b. No
   - __ c. Other — infused into one or more subject areas

5. (continued)

B. If "No" was selected in part A of this question, what were the reasons? (Check only the most important ones.)

__ a. Scheduling difficulties
__ b. Inadequate training in curriculum
__ c. Lack of time due to workload
__ d. Not comfortable teaching about certain sensitive topics
__ e. Lack of administrative support
__ f. Concern that student would not be receptive to the curriculum
__ g. Concern that parents would not be supportive
__ h. Belief that some curriculum content/topics should not be taught in public schools
__ i. Not enough time for students to practice skills
__ j. Other (please specify): _____

6. What teaching strategies or classroom activities do you use? (Check all that apply.)

__ a. Lecture
__ b. Role play
__ c. Brainstorming
__ d. Writing assignments
__ e. Interactive theater
__ f. Small group work
__ g. Skills modeling
__ h. Journaling
__ i. HIV positive speakers
__ j. Discussion
__ k. Case studies
__ l. Reading assignments
__ m. Peer educators
__ n. Group processing
__ o. Question box
__ p. Skills practice
__ q. Research projects (individual or group)
__ r. Other (please specify): _____

7. A. Are your HIV sessions adapted for students with special needs?

__ a. Yes
__ b. No

B. If "Yes" was selected in part A, how are the sessions adapted for these students?_____
_____

8. What methods do you use to help your students become more experienced in *risk reduction skills*? (Check all that apply.)

__ a. Peer educators
__ b. Skills practice
__ c. Interactive theater
__ d. Role playing
__ e. Journaling
__ f. Group processing
__ g. Other (please specify): _____

9. How comfortable are you in discussing or teaching about the following age appropriate HIV/AIDS topics with your students? (Circle ONE response for each topic listed.)

Topics	Very Uncomfortable (1)	Somewhat Uncomfortable (2)	Somewhat Comfortable (3)	Very Comfortable (4)
a. Basic facts and statistics about STDs and HIV	1	2	3	4
b. Basic information about STD and HIV prevention	1	2	3	4
c. Sexual behaviors that transmit STDs and HIV	1	2	3	4
d. Injection drug use behaviors that transmit HIV	1	2	3	4
e. Other HIV risk behaviors (e.g., cleaning spilled blood, breast-feeding by infected mother)	1	2	3	4
f. Basic facts about sexual abstinence	1	2	3	4
g. Communicating with parents	1	2	3	4
h. Use of local health clinics	1	2	3	4
i. Basic facts about condoms	1	2	3	4
j. Influence of alcohol and other drugs on unwanted or unprotected sex	1	2	3	4
k. HIV counseling and testing	1	2	3	4
l. Support and compassion for persons living with HIV/AIDS	1	2	3	4
m. Health and lifestyle impact of AIDS	1	2	3	4
n. Gender orientation issues	1	2	3	4

Section 2: *HIV training needs*

10. A. Have you received any HIV training during the past two years?
    __ a. Yes
    __ b. No

If you answered "No" to part A, go on to question 11; if "Yes":

B. What HIV training did you receive during the past two years? (Check all that apply.)
__ a. Get Real About AIDS
__ b. Act Smart
__ c. Basic Facts
__ d. Prevention Skills
__ e. Other (please write in): _____

C. By whom was this training provided? (Check all that apply.)
__ a. Area Education Agency (AEA)
__ b. Iowa Department of Public Health
__ c. Iowa Department of Education
__ d. Community organization (Red Cross, etc.)
__ e. Local school district
__ f. Other (please specify): _____

11. In which of the following *basic facts areas* do you need more training? (Check all that apply.)
__ a. Facts about HIV and HIV prevention
__ b. Injection drug use and HIV
__ c. HIV and the use of alcohol and other drugs
__ d. Facts about sexual abstinence
__ e. Other (please specify): _____

12. In which of the following *skill areas* do you need more training? (Check all that apply.)
__ a. Communication skills about love, respect, and responsibility
__ b. Talking with parents
__ c. Nonverbal skills used for refusing inappropriate touch
__ d. Handling risky situations
__ e. Use of local health clinics
__ f. Other (please specify): _____

13. In which of the following *attitudinal areas* do you need more training? (Check all that apply.)
__ a. Compassion and support for people living with HIV/AIDS
__ b. Realistic portrayal of the health and lifestyle impact of AIDS
__ c. Realistic portrayal of the long-term impact (e.g., completing school, career choices) of teenage pregnancy
__ d. Gender orientation issues
__ e. Other (please specify): _____

14. How far would you be willing to travel for this training?
__ a. No more than 50 miles
__ b. No more than 100 miles
__ c. Anywhere in the state

Section 3: *Parental involvement in HIV/AIDS prevention education*

15. Are parental permission letters sent out prior to teaching HIV/AIDS sessions?
__ a. Yes
__ b. No
__ c. Not applicable

16. A. Are parents involved in the lessons on HIV/AIDS (e.g., via family assignments)?
    __ a. Yes
    __ b. No
    __ c. Not applicable

    B. If you answered "Yes" in part A, how are parents involved in these lessons?_____
    _____

17. Do you provide information about HIV/AIDS to parents (e.g., pamphlets or newsletters)?
    __ a. Yes
    __ b. No
    __ c. Not applicable

Section 4: *Background information*

18. Are you responsible for teaching the entire health curriculum or just the HIV/AIDS unit?
    __ a. Entire health curriculum
    __ b. HIV/AIDS unit

19. What is your professional background area?
    __ a. Physical education
    __ b. Health education
    __ c. Social studies
    __ d. Family life education or life skills
    __ e. Science
    __ f. Nursing
    __ g. Counseling
    __ h. Human growth and development
    __ i. Other (please write in): _____

20. How long have you been teaching HIV/AIDS?
    __ a. 0 years (first year teaching HIV/AIDS)
    __ b. 1 to 2 years
    __ c. 3 to 5 years
    __ d. More than 5 years

21. A. What grade level are you teaching HIV/AIDS? (Check all that apply.)
    __ a. Grade 1
    __ b. Grade 2
    __ c. Grade 3
    __ d. Grade 4
    __ e. Grade 5
    __ f. Grade 6
    __ g. Grade 7
    __ h. Grade 8

21. (continued)

B. At what grade level does HIV education begin in your school?

__ a. Grade 1
__ b. Grade 2
__ c. Grade 3
__ d. Grade 4
__ e. Grade 5
__ f. Grade 6
__ g. Grade 7
__ h. Grade 8

22. A. How long do you spend on HIV? (Please check one.)

__ a. Single class session
__ b. 2 to 4 class sessions
__ c. 5 or more class sessions

B. How long is a typical session? ____ minutes (Please write in.)

23. Have HIV materials and information you are using been approved or adopted by the local school board? (Check one.)

__ a. Yes
__ b. No
__ c. Don't know

24. What sources do you use to determine the health needs of your students? (Check all that apply.)

__ a. Conversations with students
__ b. Information from counselors
__ c. Other (please write in): _____

25. Approximately what percent of your students choose to opt out of your class or have an alternative program?

__ a. None
__ b. 1-2%
__ c. 3-5%
__ d. More than 5% (if more, what percent? _____)

26. How is the emphasis of the HIV sessions you are using and your teaching style divided between information dissemination and skills development? (Check one.)

__ a. Information only
__ b. Mostly information
__ c. Equally divided
__ d. Mostly skills and practice

Thank you very much for your cooperation in completing this survey. The information you have provided will be very helpful to the Department of Education in assessing HIV training and education needs for the schools in Iowa.

APPENDIX B

Count Distributions and Descriptive Statistics

2001 Iowa HIV Training & Education Needs Assessment - Elementary Schools

Count Distributions

HIV Education materials used
(all-that-apply)

	Count	%	Adj%	0 50 100
Teacher-developed materials	86	44.1	47.8	**********
Prevention skills	71	36.4	39.4	********
Other (please write in)	71	36.4	39.4	********
District-developed materials	68	34.9	37.8	********
Basic facts	46	23.6	25.6	*****
Act Smart	4	2.1	2.2	*
TOTAL	180	92.3	100.0	
	346			0 50 100

Basic fact areas provided
(all-that-apply)

	Count	%	Adj%	0 50 100
Facts about HIV & prevention	156	80.0	89.1	**********
Injection drug use & HIV	124	63.6	70.9	********
HIV & use of alcohol/drugs	96	49.2	54.9	******
Facts about sexual abstinence	86	44.1	49.1	*****
Other (please specify)	16	8.2	9.1	*
TOTAL	175	89.7	100.0	
	478			0 50 100

Skill areas provided
(all-that-apply)

	Count	%	Adj%	0 50 100
Communication skills love etc.	140	71.8	78.2	**********
Handling risky situations	127	65.1	70.9	*********
Talking with parents	121	62.1	67.6	*********
Nonverbal skills/refusal	92	47.2	51.4	******
Use of local health clinics	29	14.9	16.2	**
Other (please specify)	10	5.1	5.6	*
TOTAL	179	91.8	100.0	
	519			0 50 100

Attitudinal areas provided
(all-that-apply)

	Count	%	Adj%	0 50 100
Compassion & support for HIV	112	57.4	72.3	**********
Realistic portrayal of AIDS	75	38.5	48.4	********
Realistic portrayal long term	64	32.8	41.3	*******
Gender orientation issues	28	14.4	18.1	***
Other (please specify)	8	4.1	5.2	*
TOTAL	155	79.5	100.0	
	287			0 50 100

Able to complete entire curriculum

		Count	%	Adj%	0 50 100
Yes		93	47.7	53.8	**********
Other (infused into subject/s)		51	26.2	29.5	**********
No		29	14.9	16.8	*******
	TOTAL	173	88.7	100.0	

If "No" what were reasons (all-that-apply)

		Count	%	Adj%	0 50 100
Other		19	9.7	44.2	**********
Lack of time (workload)		18	9.2	41.9	**********
Scheduling difficulties		17	8.7	39.5	**********
Inadequate training		14	7.2	32.6	**********
Concern parents not supportive		7	3.6	16.3	*******
Not comfortable w. topics		5	2.6	11.6	*****
Belief should not teach topics		2	1.0	4.7	**
Concern student not receptive		2	1.0	4.7	**
Not enough practice time		1	0.5	2.3	*
Lack of administrative support		0	0.0	0.0	
	TOTAL	43	22.1	100.0	
		85			

Teaching strategies/activities (all-that-apply)

		Count	%	Adj%	0 50 100
Lecture		157	80.5	87.7	**********
Discussion		144	73.8	80.4	**********
Brainstorming		86	44.1	48.0	**********
Small group work		75	38.5	41.9	**********
Role play		64	32.8	35.8	**********
Reading assignments		57	29.2	31.8	**********
Writing assignments		54	27.7	30.2	**********
Question box		51	26.2	28.5	**********
Group processing		43	22.1	24.0	**********
Skills modeling		38	19.5	21.2	********
Skills practice		32	16.4	17.9	*******
Other		30	15.4	16.8	*******
Journaling		27	13.8	15.1	******
Case studies		23	11.8	12.8	*****
Research projects		23	11.8	12.8	*****
HIV positive speakers		17	8.7	9.5	****
Peer educators		16	8.2	8.9	****
Interactive theater		13	6.7	7.3	***
	TOTAL	179	91.8	100.0	
		950			

Adapted for special needs students

		Count	%	Adj%	0 50 100
YES		88	45.1	54.0	**********
NO		75	38.5	46.0	**********
	TOTAL	163	83.6	100.0	

Risk reduction skills
(all-that-apply)

	Count	%	Adj%	0 50 100
Group processing	108	55.4	65.9	**********
Role playing	81	41.5	49.4	********
Skills practice	68	34.9	41.5	*******
Peer educators	31	15.9	18.9	***
Journaling	26	13.3	15.9	**
Other (please specify)	26	13.3	15.9	**
Interactive theater	13	6.7	7.9	*
TOTAL	164	84.1	100.0	
	353			0 50 100

HIV training past two years

	Count	%	Adj%	0 50 100
NO	145	74.4	75.5	**********
YES	47	24.1	24.5	***
TOTAL	192	98.5	100.0	
				0 50 100

What HIV training past two years
(all-that-apply)

	Count	%	Adj%	0 50 100
Basic facts	25	12.8	48.1	**********
Other (please write in)	23	11.8	44.2	*********
Prevention skills	20	10.3	38.5	********
Act Smart	4	2.1	7.7	*
Get Real About AIDS	3	1.5	5.8	*
TOTAL	52	26.7	100.0	
	75			0 50 100

Who provided training
(all-that-apply)

	Count	%	Adj%	0 50 100
Local school district	26	13.3	50.0	**********
Other (please specify)	16	8.2	30.8	******
Area Education Agency	13	6.7	25.0	*****
Iowa Dept. of Health	7	3.6	13.5	***
Community organization	5	2.6	9.6	**
Iowa Dept. of Education	2	1.0	3.8	*
TOTAL	52	26.7	100.0	
	69			0 50 100

Need more training - basic facts
(all-that-apply)

	Count	%	Adj%	0 50 100
Facts about HIV & prevention	85	43.6	60.7	**********
HIV & use of alcohol/drugs	71	36.4	50.7	**********
Injection drug use & HIV	68	34.9	48.6	**********
Facts about sexual abstinence	63	32.3	45.0	*********
Other (please specify)	44	22.6	31.4	******
TOTAL	140	71.8	100.0	
	331			0 50 100

Need more training - skill areas
(all-that-apply)

	Count	%	Adj%	0 50 100
Handling risky situations	97	49.7	64.2	**********
Nonverbal skills/refusal	81	41.5	53.6	********
Use of local health clinics	77	39.5	51.0	********
Talking with parents	67	34.4	44.4	******
Communication skills love etc.	44	22.6	29.1	****
Other (please specify)	12	6.2	7.9	***
TOTAL	151	77.4	100.0	
	378			0 50 100

Need more training - attitudinal areas
(all-that-apply)

	Count	%	Adj%	0 50 100
Gender orientation issues	102	52.3	71.3	**********
Realistic portrayal of AIDS	86	44.1	60.1	********
Realistic portrayal long term	77	39.5	53.8	********
Compassion & support for HIV	49	25.1	34.3	*****
Other (please specify)	10	5.1	7.0	***
TOTAL	143	73.3	100.0	
	324			0 50 100

Travel for this training

	Count	%	Adj%	0 50 100
No more than 50 miles	124	63.6	74.3	**********
No more than 100 miles	34	17.4	20.4	*******
Anywhere in state	9	4.6	5.4	**
TOTAL	167	85.6	100.0	
				0 50 100

Permission letters sent to parents

	Count	%	Adj%	0 50 100
Yes	92	47.2	53.2	********
Not applicable	42	21.5	24.3	******
No	39	20.0	22.5	******
TOTAL	173	88.7	100.0	
				0 50 100

Are parents involved

	Count	%	Adj%	0 50 100
No	108	55.4	60.7	**********
Not applicable	43	22.1	24.2	******
Yes	27	13.8	15.2	****
TOTAL	178	91.3	100.0	
				0 50 100

Do you provide information to parents

	Count	%	Adj%	0 50 100
No	95	48.7	53.4	**********
Yes	50	25.6	28.1	******
Not applicable	33	16.9	18.5	*****
TOTAL	178	91.3	100.0	
				0 50 100

Responsible for teaching entire curriculum or parts

	Count	%	Adj%	0 50 100
Entire health curriculum	89	45.6	57.8	**********
HIV/AIDS unit	65	33.3	42.2	**********
TOTAL	154	79.0	100.0	
				0 50 100

Professional background area
(all-that-apply)

	Count	%	Adj%	0 50 100
Nursing	87	44.6	47.0	**********
Other (please write in)	47	24.1	25.4	**********
Health education	36	18.5	19.5	**********
Science	24	12.3	13.0	**********
Physical education	23	11.8	12.4	**********
Counseling	23	11.8	12.4	**********
Human growth & development	17	8.7	9.2	**********
Social studies	10	5.1	5.4	**********
Family life education	9	4.6	4.9	**********
TOTAL	185	94.9	100.0	
	276			0 50 100

How long teaching HIV/AIDS

	Count	%	Adj%	0 50 100
More than 5 Years	83	42.6	49.4	**********
3 to 5 Years	40	20.5	23.8	**********
0 Years	26	13.3	15.5	**********
1 to 2 Years	19	9.7	11.3	**********
TOTAL	168	86.2	100.0	
				0 50 100

What grade level are you teaching
(all-that-apply)

	Count	%	Adj%	0 50 100
Grade 5	101	51.8	62.0	**********
Grade 6	69	35.4	42.3	**********
Grade 4	59	30.3	36.2	**********
Grade 3	35	17.9	21.5	**********
Grade 1	29	14.9	17.8	**********
Grade 8	29	14.9	17.8	**********
Grade 2	27	13.8	16.6	**********
Grade 7	22	11.3	13.5	**********
TOTAL	163	83.6	100.0	
	371			0 50 100

At what grade level does training begin
(all-that-apply)

	Count	%	Adj%	0 50 100
Grade 5	47	24.1	33.8	**********
Grade 4	28	14.4	20.1	**********
Grade 1	27	13.8	19.4	**********
Grade 6	20	10.3	14.4	**********
Grade 3	14	7.2	10.1	**********
Grade 2	13	6.7	9.4	**********
Grade 7	8	4.1	5.8	**********
Grade 8	4	2.1	2.9	**********
TOTAL	139	71.3	100.0	
	161			0 50 100

How long do you spend HIV

	Count	%	Adj%	0 50 100
2 to 4 class sessions	91	46.7	58.0	**********
Single class session	54	27.7	34.4	**********
5 or more class sessions	12	6.2	7.6	***
TOTAL	157	80.5	100.0	

Materials approved

	Count	%	Adj%	0 50 100
Yes	77	39.5	46.1	**********
Don't know	52	26.7	31.1	**********
No	38	19.5	22.8	*********
TOTAL	167	85.6	100.0	

What sources do you use-health needs (all-that-apply)

	Count	%	Adj%	0 50 100
Conversation with students	134	68.7	81.2	**********
Information from counselors	109	55.9	66.1	**********
Other (please write in)	72	36.9	43.6	**********
TOTAL	165	84.6	100.0	
	315			

Percent opt out

	Count	%	Adj%	0 50 100
None	106	54.4	65.8	**********
1-2%	52	26.7	32.3	**********
3-5%	3	1.5	1.9	*
More than 5%	0	0.0	0.0	
TOTAL	161	82.6	100.0	

How is emphasis divided between information and skills

	Count	%	Adj%	0 50 100
Mostly information	102	52.3	65.8	**********
Information only	26	13.3	16.8	*******
Equally divided	26	13.3	16.8	*******
Mostly skills and practice	1	0.5	0.6	
TOTAL	155	79.5	100.0	

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Descriptive Statistics for Numerically Scored Items

Variable	Valid Records	Number Missing	% Missing
Q9A	181	14	7.2
Q9B	180	15	7.7
Q9C	177	18	9.2
Q9D	179	16	8.2
Q9E	181	14	7.2
Q9F	176	19	9.7
Q9G	183	12	6.2
Q9H	179	16	8.2
Q9I	172	23	11.8
Q9J	176	19	9.7
Q9K	175	20	10.3
Q9L	182	13	6.7
Q9M	178	17	8.7
Q9N	174	21	10.8
Q22B	148	47	24.1
Q25B	0	195	100.0

Variable	Mean	Std.Dev.	Variance	Std Error of mean	Coeff of variation
Q9A	3.34669	0.927386	0.860045	0.0689320	27.7106
Q9B	3.25417	0.951137	0.904661	0.0708936	29.2283
Q9C	2.74294	1.00157	1.00315	0.0752827	36.5146
Q9D	3.28212	0.965712	0.932600	0.0721807	29.4234
Q9E	3.34807	0.951816	0.905955	0.0707480	28.4288
Q9F	2.98392	1.06721	1.13893	0.0804439	35.7653
Q9G	3.27295	0.954943	0.911915	0.0705914	29.1768
Q9H	3.01620	0.987458	0.975073	0.0738061	32.7385
Q9I	2.36076	1.06984	1.14455	0.0815742	45.3175
Q9J	2.85955	1.09763	1.20480	0.0827371	38.3848
Q9K	2.80840	1.03520	1.07164	0.0782536	36.8608
Q9L	3.38830	0.895069	0.801149	0.0663469	26.4165
Q9M	3.13567	0.961537	0.924553	0.0720702	30.6644
Q9N	2.39224	1.00804	1.01614	0.0764191	42.1378
Q22B	39.7027	12.8907	166.170	1.05961	32.4680
Q25B	0.00000	0.00000	0.00000	0.00000	0.00000